

METROPOLITAN GOVERNMENT of NASHVILLE and DAVIDSON COUNTY TENNESSEE

Metropolitan Health Department
Pollution Control Division
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PART 70 OPERATING PERMIT APPLICATION
COMPLIANCE DEMONSTRATION BY CONTINUOUS EMISSIONS MONITORING

| 1. Facility Name: _____ | 2. Stack or Fugitive Release Point Number(s): _____ | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------|-----------------------------------|-------|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 3. Emission Source Description: _____ _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | |
| 4. Continuous Emissions Monitor Data (including opacity monitors): A. Name of Manufacturer: _____ B. Model Number: _____ C. Installation Year: _____ D. Type: _____ in SITU, _____ Extractive, _____ Dilution, _____ Other (specify): _____ E. Identify the pollutant(s) being monitored and the applicable emission standard(s): <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"><thead><tr><th style="width: 25%;">Pollutant</th><th style="width: 25%;">Standard</th><th style="width: 25%;">Units</th><th style="width: 25%;">Correction Factor (if applicable)</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> | | Pollutant | Standard | Units | Correction Factor (if applicable) | | | | | | | | | | | | | | | | |
| Pollutant | Standard | Units | Correction Factor (if applicable) | | | | | | | | | | | | | | | | | | |
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| F. Describe how the monitor operates: _____ _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | |
| 5. Diluent Monitor Data: A. Name of Manufacturer: _____ B. Model Number: _____ C. Installation Year: _____ D. Type: _____ in SITU, _____ Extractive, _____ O ₂ , _____ CO ₂ , _____ Other (specify): _____ E. Describe how the monitor operates and identify the diluent gases being monitored: _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | |
| 6. Flow Monitor Data: A. Name of Manufacturer: _____ B. Model Number: _____ C. Installation Year: _____ D. Type: _____ Differential Pressure, _____ Thermal, _____ Other (specify): _____ E. Describe how the flow monitor operates: _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | |
| 7. Is the monitoring activity described above required by 40 CFR Part 60 - Enhanced Monitoring Program? Yes _____ No _____ . If yes, please see Item 7 on the back of this form for further instructions. | | | | | | | | | | | | | | | | | | | | | |
| 8. Page No. _____ Revision No.: _____ Date of Revision: _____ | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS FOR APC FORM V.20:

COMPLIANCE DEMONSTRATION BY CONTINUOUS EMISSION MONITORING

Sources that are required to obtain a permit in accordance with Regulation No. 13, "Part 70 Operating Permit Program" of the Code of Laws of the Metropolitan Government of Nashville and Davidson County, Tennessee, must complete and return this form, if applicable. Applications are incomplete unless all applicable information requested herein is supplied. Failure to supply any additional information by the Director to enable him/her to act on the application may result in return of this application. If there is additional information that will not fit on a form, please declare the information on additional sheet(s) and attach it to the back of the original.

COMPLETE ONE FORM FOR EACH STACK OR PROCESS WHERE COMPLIANCE WILL BE DEMONSTRATED BY USE OF A CONTINUOUS EMISSION MONITORING SYSTEM.

- Item 2** Provide the identification number of the affected stack(s) or fugitive release point(s). The number(s) should also appear on the APC Form V.3.
- Item 3** Identify the emission source by name and number.
- Item 4** Provide the requested information for the continuous emission monitoring equipment including opacity monitors:
- A.** Name of monitor manufacturer.
 - B.** Model number of monitor.
 - C.** Date new monitor will be installed or date existing monitor was installed.
 - D.** Indicate the type of monitor.
 - E.** Identify the pollutant being monitored and the applicable emission standard. Attach additional sheets if necessary to define all alternative operating scenarios or to define permit terms and conditions allowing emissions trading under a federally enforceable emissions cap to be established in the permit.
 - F.** Describe how the monitor operates.
- Item 5** Diluent monitor data:
- A.** Name of Monitor manufacturer.
 - B.** Model number of monitor.
 - C.** Date new monitor will be installed or date existing monitor was installed.
 - D.** Indicate the type of monitor.
 - E.** Describe how the monitor operates and identify the diluent gases being monitored.
- Item 6** Stack gas flow monitor data:
- A.** Name and monitor manufacturer.
 - B.** Model number of monitor.
 - C.** Date new monitor will be installed or date existing monitor was installed.
 - D.** Indicate how the flow monitor operates.
 - E.** Describe how the flow monitor operates.
- Item 7** Indicate whether or not the monitoring activity described on this form is required by 40 CFR Part 64 - Enhanced Monitoring Program. If the answer is yes, please attach a description of and justification for the proposed enhanced monitoring protocol to be used to demonstrate continuous compliance in accordance with 40 CFR Part 64.
- Item 8** Page number must be filled in. Revision number and date of revision are to be filled in only if the information on this form is being revised.

**IF ANY ITEM ON THIS APPLICATION IS NOT APPLICABLE TO THIS FACILITY,
THE ITEMS MUST BE FILLED IN WITH "NOT APPLICABLE" OR "N/A".**